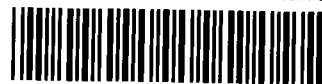


STATE OF MICHIGAN
DEPARTMENT OF NATURAL RESOURCES
RESOURCE RECOVERY DIVISION

US EPA RECORDS CENTER REGION 5



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EVALUATION REPORT

SANITARY LANDFILL: ☐ TYPE II ☒ TYPE III ☐ OTHER

NAME OF FACILITY

WINCHESTER DISPOSAL AREA

FACILITY NO

LOCATION: Main Roads - Section No - Township - City - County

3521 PETIT SEC 17 PORT HURON TWP PORT HURON ST CLAIR

NAME OF OPERATOR

OSCAR WINCHESTER - DECEASED

NAME OF LICENSEE

DAVIN MOTHAGER

*25275 EUREKA RD
TAYLOR, MICH. 48180*

TATUS: ☐ Open & Licensed ☐ Closed & Inspecting ☐ Unlicensed

RESTRICTIONS/STIPULATIONS TO CONSIDER DURING INSPECTION

(C) = Compliance (N) = Noncompliance (—) = Does Not Apply

A. Protection of Surface Waters
B. Hazardous Material/Liquids/Sewage Materials Prohibited for Disposal
C. Surface Water Drainage
D. Period and Adequacy of Drainage
E. Completion of Area/Final Coverage
F. Compaction
G. Leachate Control/Management
H. Engineering Plans, Hydrogeologic Evaluation & Construction Certification
I. Operations Conform to Plan & License Stipulations
J. Vermin Control/Bird Control
K. Blowing Debris, Dust & Odor Control
L. Gas Migration
M. Fire Protection and Restriction of Burning
N. Equipment Adequacy
O. Restricted Access/Attendant
P. Traffic Flow
Q. Salvaging/Scavenging
R. Noise Level
S. Fence/Screening Maintenance

REMARKS:

*CAN SEE NO CHANGE
SINCE LAST INSPECTION.*

RECEIVED

DEC 3 1984

GOO-DETROIT DIST.

Inspection item definitions are on back of this form.

PERSON INTERVIEWED

DATE

8.4.11.12.1

TIME OF INSPECTION

10:30 AM

INSPECTED BY

Ronald J. Miller

REPRESENTING

St Clair Co. Health Dept.

DISTRIBUTION: Original to Dept. of Natural Resources; 1 copy — Licensee; 1 copy — Certified Health Dept.

R5509
Rev 7/82

74-14
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SEP 27 1984

600 251-1100

EVALUATION REPORT

SANITARY LANDFILL: ☐ TYPE II ☒ TYPE III ☐ OTHER

NAME OF FACILITY WINCHESTER DISPOSAL AREA		FACILITY NO.
LOCATION Main Roads - Section No - Township - City - County 3521 PETIT SEC 17 PORT HURON TWP PORT HURON ST CLAIR		
NAME OF OPERATOR OSCAR WINCHESTER - DECEASED	NAME OF LICENSEE DARLIN NOTHAGEL 25275 FURETA RD TAYLOR, MICH. 48180	
STATUS: <input type="checkbox"/> Open & Licensed <input type="checkbox"/> Closed & Inspecting <input checked="" type="checkbox"/> Unlicensed		
RESTRICTIONS/STIPULATIONS TO CONSIDER DURING INSPECTION		

(C) = Compliance (N) = Noncompliance (—) = Does Not Apply

A. Protection of Surface Waters	<p>REMARKS:</p> <p>WEEDS ARE QUITE HIGH AT SITE</p> <p>CAN SEE NO CHANGE SINCE LAST INSPECTION.</p> <p>NO ACCESS GATE.</p> <p>SITE HAS NOT BEEN CLEANED TO DNR SPECIFICATIONS.</p>
B. Hazardous Material/Liquids/Sewage Materials Prohibited for Disposal	
C. Surface Water Drainage	
D. Period and Adequacy of Drainage	
E. Completion of Area/Final Coverage	
F. Compaction	
G. Leachate Control/Management	
H. Engineering Plans, Hydrogeologic Evaluation & Construction Certification	
I. Operations Conform to Plan & License Stipulations	
J. Vermin Control/Bird Control	
K. Blowing Debris, Dust & Odor Control	
L. Gas Migration	
M. Fire Protection and Restriction of Burning	
N. Equipment Adequacy	
O. Restricted Access/Attendant	
P. Traffic Flow	
Q. Salvaging/Scavenging	
R. Noise Level	
S. Fence/Screening Maintenance	

Inspection item definitions are on back of this form.

PERSON INTERVIEWED	DATE Y Y M M D D 8.4.10.9.1.8	TIME OF INSPECTION 3 PM
INSPECTED BY Ronald J. Miller	REPRESENTING St Clair Co. Health Dept.	

STATE OF MICHIGAN
DEPARTMENT OF NATURAL RESOURCES
RESOURCE RECOVERY DIVISION

EVALUATION REPORT

JUN 22 1984

SANITARY LANDFILL: ☐ TYPE II ☒ TYPE III ☐ OTHER

NAME OF FACILITY WINCHESTER DISPOSAL AREA		FACILITY NO. 11111111
LOCATION: Main Roads — Section No. — Township — City — County 3521 PETIT SEC 17 PORT HURON TWP PORT HURON ST CLAIR		
NAME OF OPERATOR OSCAR WINCHESTER - DECEASED	NAME OF LICENSEE DARLIN NOTH NAGEL	
STATUS: <input type="checkbox"/> Open & Licensed <input type="checkbox"/> Closed & Inspecting <input checked="" type="checkbox"/> Unlicensed		25275 EUREKA ROAD TAYLOR, MICH. 48180
RESTRICTIONS/STIPULATIONS TO CONSIDER DURING INSPECTION		

(C) = Compliance (N) = Noncompliance (—) = Does Not Apply

<input type="checkbox"/>	A. Protection of Surface Waters	<p>REMARKS:</p> <p>NO CHANGE - SITE IS NOT PROPERLY COVERED. TIRES AND OTHER SOLID WASTE PRESENT.</p> <p>NO ACCESS GATE - NO CONTROL ON DUMPING. SIGNS OF RECENT DUMPING EVIDENT.</p> <p>SITE HAS NOT BEEN CLEANED TO DNR SPECIFICATIONS WHICH WERE ORDERED BY THE COURT.</p> <p>FACILITY IS DESERTED.</p>
<input type="checkbox"/>	B. Hazardous Material/Liquids/Sewage Materials Prohibited for Disposal	
<input type="checkbox"/>	C. Surface Water Drainage	
<input checked="" type="checkbox"/>	D. Period and Adequacy of Drainage	
<input checked="" type="checkbox"/>	E. Completion of Area/Final Coverage	
<input checked="" type="checkbox"/>	F. Compaction	
<input checked="" type="checkbox"/>	G. Leachate Control/Management	
<input checked="" type="checkbox"/>	H. Engineering Plans, Hydrogeologic Evaluation & Construction Certification	
<input checked="" type="checkbox"/>	I. Operations Conform to Plan & License Stipulations	
<input checked="" type="checkbox"/>	J. Vermin Control/Bird Control	
<input checked="" type="checkbox"/>	K. Blowing Debris, Dust & Odor Control	
<input type="checkbox"/>	L. Gas Migration	
<input type="checkbox"/>	M. Fire Protection and Restriction of Burning	
<input checked="" type="checkbox"/>	N. Equipment Adequacy	
<input checked="" type="checkbox"/>	O. Restricted Access/Attendant	
<input type="checkbox"/>	P. Traffic Flow	
<input type="checkbox"/>	Q. Salvaging/Scavenging	
<input type="checkbox"/>	R. Noise Level	
<input type="checkbox"/>	S. Fence/Screening Maintenance	

Inspection item definitions are on back of this form.

PERSON INTERVIEWED	DATE 8.4.84	TIME OF INSPECTION 3:30 PM
INSPECTED BY Ronald J. Miller	REPRESENTING St. Clair County Health Dept.	

RECEIVED

MAR 15 1984

EVALUATION REPORT

SANITARY LANDFILL: ☐ TYPE II ☒ TYPE III ☐ OTHER

NAME OF FACILITY

WINCHESTER DISPOSAL AREA

FACILITY NO

74-1-11

LOCATION: Main Roads — Section No — Township — City — County

3521 PETIT SEC 17 PORT HURON TWP PORT HURON ST. CLAIR

NAME OF OPERATOR

OSCAR WINCHESTER - DECEASED

NAME OF LICENSEE

STATUS: ☐ Open & Licensed ☐ Closed & Inspecting ☒ Unlicensed

RESTRICTIONS/STIPULATIONS TO CONSIDER DURING INSPECTION

(Y) = Compliance (N) = Noncompliance (—) = Does Not Apply

(Y)	A. Protection of Surface Waters	REMARKS: NO CHANGE - SITE IS NOT PROPERLY COVERED. TIRES AND OTHER SOLID WASTE PRESENT.
(Y)	B. Hazardous Material/Liquids/Sewage Materials Prohibited for Disposal	
(Y)	C. Surface Water Drainage	
(Y)	D. Period and Adequacy of Cover	NO ACCESS GATE - NO CONTROL ON DUMPING. SIGNS OF RECENT DUMPING EVIDENT.
(Y)	E. Completion of Area/Final Coverage	
(Y)	F. Compaction	
(Y)	G. Leachate Control/Management	SITE HAS NOT BEEN CLEANED TO OUR SPECIFICATIONS WHICH WAS ORDERED BY THE COURT.
(Y)	H. Engineering Plans, Hydrogeologic Evaluation & Construction Certification	
(Y)	I. Operations Conform to Plan & License Stipulations	
(Y)	J. Vermin Control/Bird Control	FACILITY IS DESERTED.
(Y)	K. Blowing Debris, Dust & Odor Control	
(Y)	L. Gas Migration	
(Y)	M. Fire Protection and Restriction of Burning	
(Y)	N. Equipment Adequacy	
(Y)	O. Restricted Access/Attendant	
(Y)	P. Traffic Flow	
(Y)	Q. Salvaging/Scavenging	
(Y)	R. Noise Level	
(Y)	S. Fence/Screening Maintenance	

Inspection item definitions are on back of this form.

PERSON INTERVIEWED

DATE

8 4 10 3 1 2

TIME OF INSPECTION

11 AM

SPECTED BY

Ronald J. Miller

REPRESENTING

St Clair Co. Health Dept.

EVALUATION REPORT

SANITARY LANDFILL: ☐ TYPE II ☒ TYPE III ☐ OTHER _____

NAME OF FACILITY

FACILITY NO

WINCHESTER DISPOSAL AREA

14 - - - - - 14

LOCATION Main Roads - Section No - Township - City - County

3521 PETIT SEC 17 PORT HURON TWP

PORT HURON ST CLAIR

NAME OF OPERATOR

NAME OF LICENSEE

OSCAR WINCHESTER - DECEASED

STATUS ☐ Open & Licensed ☐ Closed & Inspecting ☒ Unlicensed

RESTRICTIONS/STIPULATIONS TO CONSIDER DURING INSPECTION

(C) = Compliance (N) = Noncompliance (-) = Does Not Apply

-	A. Protection of Surface Waters
-	B. Hazardous Material/Liquids/Sewage Materials Prohibited for Disposal
-	C. Surface Water Drainage
-	D. Period and Adequacy of Cover
-	E. Completion of Area/Final Coverage
-	F. Compaction
-	G. Leachate Control/Management
-	H. Engineering Plans, Hydrogeologic Evaluation & Construction Certification
-	I. Operations Conform to Plan & License Stipulations
-	J. Vermin Control/Bird Control
-	K. Blowing Debris, Dust & Odor Control
-	L. Gas Migration
-	M. Fire Protection and Restriction of Burning
-	N. Equipment Adequacy
-	O. Restricted Access/Attendant
-	P. Traffic Flow
-	Q. Salvaging/Scavenging
-	R. Noise Level
-	S. Fence/Screening Maintenance

REMARKS:

NO CHANGE - SITE IS NOT PROPERLY COVERED. TIRES AND OTHER SOLID WASTE STILL PRESENT.

NO ACCESS GATE - NO CONTROL ON DUMPING.

SITE HAS NOT BEEN CLEANED TO DNR SPECIFICATIONS WHICH WAS ORDERED BY THE COURT.

NOBODY IN BUILDING AT THE TIME OF INSPECTION.

Inspection item definitions are on back of this form.

PERSON INTERVIEWED

DATE

TIME OF INSPECTION

8.31.20.7

11 AM

INSPECTED BY

REPRESENTING

Ronald J. Miller

St Clair County Health Dept.

L

SANITARY LANDFILL: ☐ TYPE II ☒ TYPE III ☐ OTHER

STATUS: ☐ Open & Licensed ☐ Closed & Inspecting ☒ Unlicensed

(C) = Compliance (N) = Noncompliance (—) = Does Not Apply

RECEIVED
AUG 18 1963
GQD-DETROIT DIST.

PERSON INTERVIEWED		DATE		TIME OF INSPECTION			
		Y	Y	M	M	D	D
		8	3	0	8	0	2
		1 PM					
INSPECTED BY				REPRESENTING			
Ronell J. Miller				ST CLAIR CO HEALTH DEPT			

L

SANITARY LANDFILL: ☐ TYPE II ☒ TYPE III ☐ OTHER

Inspection item definitions are on back of this form.

TRIBUTION: Original to Dept. of Natural Resources; 1 copy — Licensee; 1 copy — Certified Health Dept.

EVALUATION REPORT - SANITARY LANDFILLS

L

Michigan Department of Natural Resources - Resource Recovery Division

Name of Facility Winchester Disposal Area Facility No. 1 - 11111

Location 3521 Petit Street 17 Port Huron Port Huron St. Clair
Main Roads Section No. Township City County

Name of Operator Oscar Winchester Name of Licensee _____

Landfill Type () II (X) III () Other _____

Facility Status () open & licensed (or licensable) Restrictions/Stipulations to consider
 () closed & inspecting During Inspection
 (X) unlicensed _____

(C) Indicates Compliance (N) Indicates Noncompliance (-) Does Not Apply

A. Protection of Surface Waters
B. Hazardous Material/Liquids Materials Authorized for Disposal
C. Surface Water Drainage
D. Period and Adequacy of Cover
E. Completion of Area/Final Cover
F. Compaction
G. Leachate Collection/Management
H. Approved Engineering Plans and Hydrogeologic Evaluation
I. Operations conform to Plan & License Stipulations
J. Vermin Control/Bird Control
K. Blowing Debris, Dust & Odor Control
L. Gas Migration
M. Fire Protection and Restriction of Burning
N. Equipment Adequacy
O. Restricted Access/Attendant
P. Traffic Flow
Q. Salvaging/Scavenging
R. Noise Level <u>55-70 dBA</u>
S. Fence/Screening

REMARKS

Inspected site regarding a complaint that demolition material was being brought here. Demolition material was being brought there, and two loads were ordered cleaned up. Site was cleaned up.

Person Interviewed _____ Date 8/31/81 Time of Inspection 11 AM
 y y m m d d

Inspected by Ronald J. Miller Representing St. Clair County Health Department

DEFINITIONS

- A. Visible or known pollution of surface waters.
- B. Hazardous materials, liquids, or sewage shall not be disposed, unless special provisions are made for such disposal, through the solid waste control agency, following approved procedures.
- C. Surface water drainage system should drain completed and active areas towards perimeter drains, without impounding on the surface, coming in contact with solid waste, or eroding cover.
- D. Solid Waste should be covered daily with six (6) inches of suitable cover material; all daily cover depths shall be continually maintained. One foot of compacted intermediate cover shall be placed on the surface of any lift that will be exposed for a period of 3 months or more before additional lifts are constructed.
- E. Final cover must be applied within three (3) months of reaching final grade and must be seeded and stabilized as soon as practical; final cover depths shall be maintained for a period of five (5) years.
- F. Solid waste shall be spread so that it can be compacted in layers not exceeding a depth of two (2) feet.
- G. Where applicable, Type II landfills shall have systems to collect and remove leachate. Leachate disposal method must be approved by the solid waste control agency.
- H. Engineering plans, hydrogeologic evaluation and monitoring program approved?
- I. Plans on file, sequence of filling operation, and certification of construction for areas prepared to accept solid waste.
- J. Operation shall not be conducive to insect or rodent attraction or breeding. Supplemental insect or rodent control measures shall be instituted when necessary. Provisions to control birds, if necessary, must be instituted if site is within 10,000 feet of an airport licensed by the Michigan Aeronautic Commission.
- K. Measures shall be provided to control dust, blowing papers and debris; dust and odor shall be reasonably controlled at all times.
- L. Measures shall be instituted to control decomposition gases, in order to limit lateral movement or accumulation in nearby structures.
- M. Measures shall be available to extinguish accidental fires. Burning of trees, stumps, and brush shall be severely restricted, and when allowed, shall be conducted only in designated areas with the permission of the solid waste control agency and other appropriate authorities.
- N. Properly maintained equipment of adequate number, type, and size.
- O. Access to site shall be limited to those times when an attendant is on duty or when an alternative monitoring device is in use. Access shall be controlled by a suitable barrier.
- P. Adequate on-site roads designed, constructed, and maintained for smooth traffic flow; not interrupted by ordinary inclement weather.
- Q. Salvaging, if allowed by the licensee, shall be organized so that it does not interfere with prompt disposal of other wastes. Scavenging is prohibited.
- R. Noise shall not exceed levels for specified adjacent landuse, measured at the common property line nearest the active work area. Residential 75 DBA, Commercial 85 DBA, Industrial 90 DBA.
- S. If there is 300 feet or less isolation distance from nearest residence, an eight (8) foot high berm with four (4) foot fence on top, constructed around the perimeter of the active work area is required.

This report should be distributed as follows:

1. Original to Department of Natural Resources
2. Copy to license holder
3. Copy to Certified Health Department

RECEIVED

APR 01 1983

GON-NETWORK

EVALUATION REPORT - SANITARY LANDFILL

L

Michigan Department of Natural Resources - Resource Recovery Division

Name of Facility Winchester Disposal Area Facility No. 1 - 111114

Location 3521 Petit Street 17 Port Huron Port Huron St. Clair
 Main Roads Section No. Township City County

Name of Operator Oscar Winchester Name of Licensee _____

Landfill Type () II (X) III () Other _____

Facility Status () open & licensed (or licensable) Restrictions/Stipulations to consider
 () closed & inspecting During Inspection
 (X) unlicensed _____

(C) Indicates Compliance (N) Indicates Noncompliance (-) Does Not Apply

		REMARKS
<u>C</u>	A. Protection of Surface Waters	<p>No change since last inspection.</p> <p>Site not properly covered.</p> <p>No access gate.</p> <p>Site has not been cleaned to DNR specifications which was ordered by the court.</p>
<u>C</u>	B. Hazardous Material/Liquids Materials Authorized for Disposal	
<u>-</u>	C. Surface Water Drainage	
<u>N</u>	D. Period and Adequacy of Cover	
<u>N</u>	E. Completion of Area/Final Cover	
<u>N</u>	F. Compaction	
<u>-</u>	G. Leachate Collection/Management	
<u>-</u>	H. Approved Engineering Plans and Hydrogeologic Evaluation	
<u>-</u>	I. Operations conform to Plan & License Stipulations	
<u>-</u>	J. Vermin Control/Bird Control	
<u>-</u>	K. Blowing Debris, Dust & Odor Control	
<u>-</u>	L. Gas Migration	
<u>-</u>	M. Fire Protection and Restriction of Burning	
<u>-</u>	N. Equipment Adequacy	
<u>N</u>	O. Restricted Access/Attendant	
<u>-</u>	P. Traffic Flow <u>7048</u>	
<u>-</u>	Q. Salvaging/Scavenging	
<u>-</u>	R. Noise Level	
<u>-</u>	S. Fence/Screening <u>71102</u>	

Person Interviewed _____ Date 8/3/03/03/03 Time of Inspection 1 PM
 y y m m d d

Inspected by Ronald J. Miller Representing St. Clair County Health Department

DEFINITIONS

- A. Visible or known pollution of surface waters.
- B. Hazardous materials, liquids, or sewage shall not be disposed, unless special provisions are made for such disposal, through the solid waste control agency, following approved procedures.
- C. Surface water drainage system should drain completed and active areas towards perimeter drains, without impounding on the surface, coming in contact with solid waste, or eroding cover.
- D. Solid Waste should be covered daily with six (6) inches of suitable cover material; all daily cover depths shall be continually maintained. One foot of compacted intermediate cover shall be placed on the surface of any lift that will be exposed for a period of 3 months or more before additional lifts are constructed.
- E. Final cover must be applied within three (3) months of reaching final grade and must be seeded and stabilized as soon as practical; final cover depths shall be maintained for a period of five (5) years.
- F. Solid waste shall be spread so that it can be compacted in layers not exceeding a depth of two (2) feet.
- G. Where applicable, Type II landfills shall have systems to collect and remove leachate. Leachate disposal method must be approved by the solid waste control agency.
- H. Engineering plans, hydrogeologic evaluation and monitoring program approved?
- I. Plans on file, sequence of filling operation, and certification of construction for areas prepared to accept solid waste.
- J. Operation shall not be conducive to insect or rodent attraction or breeding. Supplemental insect or rodent control measures shall be instituted when necessary. Provisions to control birds, if necessary, must be instituted if site is within 10,000 feet of an airport licensed by the Michigan Aeronautic Commission.
- K. Measures shall be provided to control dust, blowing papers and debris; dust and odor shall be reasonably controlled at all times.
- L. Measures shall be instituted to control decomposition gases, in order to limit lateral movement or accumulation in nearby structures.
- M. Measures shall be available to extinguish accidental fires. Burning of trees, stumps, and brush shall be severely restricted, and when allowed, shall be conducted only in designated areas with the permission of the solid waste control agency and other appropriate authorities.
- N. Properly maintained equipment of adequate number, type, and size.
- O. Access to site shall be limited to those times when an attendant is on duty or when an alternative monitoring device is in use. Access shall be controlled by a suitable barrier.
- P. Adequate on-site roads designed, constructed, and maintained for smooth traffic flow; not interrupted by ordinary inclement weather.
- Q. Salvaging, if allowed by the licensee, shall be organized so that it does not interfere with prompt disposal of other wastes. Scavenging is prohibited.
- R. Noise shall not exceed levels for specified adjacent landuse, measured at the common property line nearest the active work area. Residential 75 DBA, Commercial 85 DBA, Industrial 90 DBA.
- S. If there is 300 feet or less isolation distance from nearest residence, eight (8) foot high berm with four (4) foot fence on top, constructed around the perimeter of the active work area is required.

This report should be distributed as follows:

- 1. Original to Department of Natural Resources
- 2. Copy to license holder
- 3. Copy to Certified Health Department

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DEC 6 1982
RESOURCE RECOVERY
S.E. MICHIGAN REGION
DIVISION OFFICE

EVALUATION REPORT - SANITARY LANDFILL

L

Michigan Department of Natural Resources - Resource Recovery Division

Name of Facility Winchester Disposal Area Facility No. 1 - 11111

Location 3521 Petit Street 17 Port Huron Port Huron St. Clair
Main Roads Section No. Township City County

Name of Operator Oscar Winchester Name of Licensee _____

Landfill Type () II (X) III () Other _____

Facility Status () open & licensed (or licensable) Restrictions/Stipulations to consider
() closed & inspecting During Inspection
(X) unlicensed _____

(C) Indicates Compliance (N) Indicates Noncompliance (-) Does Not Apply

		REMARKS
-	A. Protection of Surface Waters	
-	B. Hazardous Material/Liquids Materials Authorized for Disposal	O, E, E, O.
-	C. Surface Water Drainage	Site not properly covered.
N	D. Period and Adequacy of Cover	on access gate.
N	E. Completion of Area/Final Cover	
N	F. Compaction	Site has not been cleaned to
-	G. Leachate Collection/Management	our specifications which was
-	H. Approved Engineering Plans and Hydrogeologic Evaluation	ordered by the court.
-	I. Operations conform to Plan & License Stipulations	
-	J. Vermin Control/Bird Control	
-	K. Blowing Debris, Dust & Odor Control	
-	L. Gas Migration	
-	M. Fire Protection and Restriction of Burning	
-	N. Equipment Adequacy	
N	O. Restricted Access/Attendant	
-	P. Traffic Flow	
N	Q. Salvaging/Scavenging	
-	R. Noise Level	
-	S. Fence/Screening	

Person Interviewed ~ Date 8/21/11 Time of Inspection 3:30 PM
yy mm dd

Inspected by Ronald J. Miller Representing St. Clair County Health Department

EVALUATION REPORT - SANITARY LANDFILL

L

Michigan Department of Natural Resources - Resource Recovery Division

Name of Facility Winchester Disposal Area Facility No. 1 - 11111
 Location 3521 Petit Street 17 Port Huron Port Huron St. Clair
Main Roads Section No. Township City County
 Name of Operator Oscar Winchester Name of Licensee _____
 Landfill Type () II (X) III () Other _____
 Facility Status () open & licensed (or licensable) Restrictions/Stipulations to consider
 () closed & inspecting During Inspection
 (X) unlicensed _____

(C) Indicates Compliance (N) Indicates Noncompliance (-) Does Not Apply

		REMARKS
-	A. Protection of Surface Waters	
-	B. Hazardous Material/Liquids Materials Authorized for Disposal	D. Site has not been properly covered. E, F, No cover - all materials uncovered.
-	C. Surface Water Drainage	
N	D. Period and Adequacy of Cover	O No access gate provided.
N	E. Completion of Area/Final Cover	
N	F. Compaction	Site has not been cleaned according to DNR specifications as requested by court.
-	G. Leachate Collection/Management	
-	H. Approved Engineering Plans and Hydrogeologic Evaluation	
-	I. Operations conform to Plan & License Stipulations	
-	J. Vermin Control/Bird Control	
-	K. Blowing Debris, Dust & Odor Control	
-	L. Gas Migration	
-	M. Fire Protection and Restriction of Burning	
-	N. Equipment Adequacy	
N	O. Restricted Access/Attendant	
-	P. Traffic Flow	
-	Q. Salvaging/Scavenging	
-	R. Noise Level	
-	S. Fence/Screening	

Person Interviewed _____ Date 8/2/07/113 Time of Inspection 11 AM
 yy mm dd

Inspected by Ronald J. Miller Representing St. Clair County Health Department

EVALUATION REPORT - SANITARY LANDFILL

L

Michigan Department of Natural Resources - Resource Recovery Division

Name of Facility Winchester Disposal Area Facility No. 114-111114

Location 3521 Petit Street 17 Port Huron Port Huron St. Clair
Main Roads Section No. Township City County

Name of Operator Oscar Winchester Name of Licensee _____

Landfill Type () II (X) III () Other _____

Facility Status () open & licensed (or licensable) Restrictions/Stipulations to consider
() closed & inspecting During Inspection
(X) unlicensed _____

(C) Indicates Compliance (N) Indicates Noncompliance (-) Does Not Apply

		REMARKS
-	A. Protection of Surface Waters	
-	B. Hazardous Material/Liquids Materials Authorized for Disposal	D. Site has not been properly covered.
-	C. Surface Water Drainage	E. No cover has been provided, as
N	D. Period and Adequacy of Cover	F. all materials are uncovered.
N	E. Completion of Area/Final Cover	O, S. No fence or gate provided.
N	F. Compaction	Site has not been cleaned to DNR
-	G. Leachate Collection/Management	specification as requested by legal
-	H. Approved Engineering Plans and Hydrogeologic Evaluation	hearing.
-	I. Operations conform to Plan & License Stipulations	
-	J. Vermin Control/Bird Control	
-	K. Blowing Debris, Dust & Odor Control	
-	L. Gas Migration	
-	M. Fire Protection and Restriction of Burning	
-	N. Equipment Adequacy	
N	O. Restricted Access/Attendant	
-	P. Traffic Flow	
-	Q. Salvaging/Scavenging	
-	R. Noise Level	
N	S. Fence/Screening	

Person Interviewed _____ Date 8/2/05/11/1 Time of Inspection _____
yy mm dd

Inspected by Ron Miller Representing St. Clair County Health Department

Name of Disposal Facility Winchester Disposal Area
Location 3521 Petitt (Street Address) Winchester (City) Port Huron (Township) St. Clair (County)
Name of Operator Occair Winchester Address 4382 Wall St P.H.
Property Owner Same Address _____
Municipalities from which refuse is received None

Location (Nearest Residence) _____ (Miles) (Feet)
Type of Facility: ☒ SL (Sanitary Landfill) Illegal Closed ☐ PP (Processing Plant)
☐ TR (Transfer Facility) ☐ CC (Collection Center)

() Indicates Compliance (X) Noncompliance (-) Does not Apply

REQUIREMENTS REQUIRED IN ALL FACILITIES (SL, TR, PP, CC):

Plan on File	_____	Operation Conforms to Plan	_____
Restricted Access	_____	Salvaging	_____
Warning Restricted	_____	Attendant	_____
Traffic Flow	_____	On-Site Roads	_____

REQUIREMENTS REQUIRED IN SL, TR, PP:

Equipment	_____	Equipment Maintenance	_____
Fire Protection	_____	Dust & Odor Control	_____
Hazardous Material	_____	Paper Confined	_____
Leak Control	_____	General Maintenance	_____

REQUIREMENTS REQUIRED IN SL ONLY:

Protection of Ground	_____	Period of Cover	_____
Prevent Surface Water	_____	Cover Maintenance	_____
Leaking Refuse	_____	Completion of Area	_____
Protection	_____	Surface Water Drainage	_____
Oil Volumes	_____		

REQUIREMENTS REQUIRED IN TR AND PP ONLY:

Container Construction	_____	Building Enclosed	_____
Container Removal	_____	Dumping Area	_____
Storage Area	_____	Daily Log	_____

REQUIREMENTS REQUIRED IN TR, PP, AND CC:

Cleaning Around Facility _____

REMARKS

No activity since last inspection.
No cleaning started.
Tires and demolition material still present.
Cover, fence, gate, not provided.
Site has not been cleaned to DNR specifications.

Approved ☒ Not Approved

Interviewed Nobody present
2-7-82

Inspected By Ronald J. Miller
Representing St. Clair Co. Health Dept.

74-74

Name of Disposal Facility Winchester Disposal Area
Location 3521 Petit (Street Address) Port Huron (City) St. Clair (County)
Name of Operator Basin Winchester Address 4382 Wall Street P.H.
Property Owner Same Address _____
Municipalities from which refuse is received None

Location: (Nearest Residence) _____ (Miles) (Feet)

Type of Facility: ☒ SL (Sanitary Landfill) Illegal Closed ☐ PP (Processing Plant)
☐ TR (Transfer Facility) ☐ CC (Collection Center)

() Indicates Compliance (X) Noncompliance (-) Does not Apply

REQUIREMENTS IN ALL FACILITIES (SL, TR, PP, CC):

Plan on File	_____	Operation Conforms to Plan	_____
Restricted Access	_____	Salvaging	_____
Turning Restricted	_____	Attendant	_____
Traffic Flow	_____	On-Site Roads	_____

REQUIREMENTS IN SL, TR, PP:

Equipment	_____	Equipment Maintenance	_____
Fire Protection	_____	Dust & Odor Control	_____
Hazardous Material	_____	Paper Confined	_____
Spill Control	_____	General Maintenance	_____

REQUIREMENTS IN SL ONLY:

Protection of Ground	_____	Period of Cover	_____
and Surface Water	_____	Cover Maintenance	_____
Leaking Refuse	_____	Completion of Area	_____
Protection	_____	Surface Water Drainage	_____
Volume	_____		

REQUIREMENTS IN TR AND PP ONLY:

Container Construction	_____	Building Enclosed	_____
Container Removal	_____	Dumping Area	_____
Storage Area	_____	Daily Log	_____

REQUIREMENTS IN TR, PP, AND CC:

Sealing Around Facility _____

REMARKS

No activity apparent since last inspection.

No further dumping and no clean up started.

Fires and demolition material still present.

Site not cleaned up to DNR specifications.

Fence and gate not provided.

Cover not provided.

Approved

☒ Not Approved

Interviewed Nobody present

Inspected By Ronald J. Miller

12-29-81

Representing St. Clair County Health Dept.

Name of Disposal Facility Winchester Disposal Area
Location 3521 Pett Port Huron St. Clair
(Street Address) (City) (Township) (County)
Name of Operator Oscar Winchester Address 4382 Wall St
Property Owner Same Address _____
Facilities from which refuse is received NONE

Distance (Nearest Residence) _____ (Miles) (Feet)

Type of Facility: ☒ SL (Sanitary Landfill) Class
Illegal ☐ PP (Processing Plant)
☐ TR (Transfer Facility) ☐ CC (Collection Center)

Indicates Compliance (X) Noncompliance (-) Does not Apply

A. REQUIRED IN ALL FACILITIES (SL, TR, PP, CC):

Open File	<input checked="" type="checkbox"/>	Operation Conforms to Plan	<input checked="" type="checkbox"/>
Controlled Access	<input checked="" type="checkbox"/>	Salvaging	_____
Leaking Restricted	<input checked="" type="checkbox"/>	Attendant	_____
Site Plans	<input checked="" type="checkbox"/>	On-Site Roads	_____

B. REQUIRED IN SL, TR, PP: ①

Equipment	_____	Equipment Maintenance	_____
Gas Protection	_____	Dust & Odor Control	_____
Hazardous Material	_____	Paper Confined	_____
Leak Control	_____	General Maintenance	_____

C. REQUIRED IN SL ONLY: ①

Section of Ground	_____	Period of Cover	_____
Surface Water	_____	Cover Maintenance	_____
Leaking Refuse	_____	Completion of Area	_____
Section	_____	Surface Water Drainage	_____
Volume	_____		

D. REQUIRED IN TR AND PP ONLY:

Building Construction	_____	Building Enclosed	_____
Leaking Refuse	_____	Dumping Area	_____
Dumping Area	_____	Daily Log	_____

E. REQUIRED IN TR, PP, AND CC:

Leaking Around Facility _____

REMARKS

Approved ☒ Not Approved

Interviewed _____

October 19 1981

Inspected By Michael Engelhardt

Representing St. Clair Co. Health Dept

Name of Disposal Facility WINCHESTER DISPOSAL AREA

Location PETTY ST. PORT HURON PORT HURON ST. CLAIR
(Street Address) (City) (Township) (County)

Name of Operator OSCAR WINCHESTER Address _____

Property Owner SAME Address _____

Municipalities from which refuse is received _____

Isolation: (Nearest Residence) _____ (Miles) (Feet)

Type of Facility: ☒ SL (Sanitary Landfill) ILLEGAL CLOSED ☐ PP (Processing Plant)
☐ TR (Transfer Facility) ☐ CC (Collection Center)

(✓) Indicates Compliance (X) Noncompliance (-) Does not Apply

ITEMS REQUIRED IN ALL FACILITIES (SL, TR, PP, CC): <u>NA</u>		REMARKS
Plan on File _____	Operation Conforms to Plan _____	
Restricted Access _____	Salvaging _____	
Burning Restricted _____	Attendant _____	
Traffic Flow _____	On-Site Roads _____	
ITEMS REQUIRED IN SL, TR, PP: <u>NA</u>		
Equipment _____	Equipment Maintenance _____	
Fire Protection _____	Dust & Odor Control _____	
Hazardous Material _____	Paper Confined _____	
Vermin Control _____	General Maintenance _____	
ITEMS REQUIRED IN SL ONLY: <u>NA</u>		
Protection of Ground and Surface Water _____	Period of Cover _____	
Spreading Refuse _____	Cover Maintenance _____	
Compaction _____	Completion of Area _____	
Cell Volumes _____	Surface Water Drainage _____	
ITEMS REQUIRED IN TR AND PP ONLY: <u>MP</u>		
Container Construction _____	Building Enclosed _____	
Container Removal _____	Dumping Area _____	
Storage Area _____	Daily Log _____	
ITEMS REQUIRED IN TR, PP, AND CC:		
Screening Around Facility _____		

☐ Approved ☒ Not Approved

Person Interviewed _____

Inspected By Michael Anglin R.S.

Date 5/21/81

Representing ST. CLAIR CO HEALTH DEPT

Location of Disposal Facility Winchester Disposal Area
 Location 3524 Petit Port Huron Port Huron St Clair
 (Street Address) (City) (Township) (County)
 Name of Operator Oscar Winchester Address 4352 Well Street PH
 Property Owner _____ Address _____

Facilities from which refuse is received _____

Distance (Nearest Residence) _____ (Miles) (Feet)

Facility: ☒ SL (Sanitary Landfill) Closed ☐ PP (Processing Plant)
☐ TR (Transfer Facility) Illegal ☐ CC (Collection Center)

Indicates Compliance (X) Noncompliance (-) Does not Apply

REQUIRED IN ALL FACILITIES (SL, TR, PP, CC):		REMARKS
Access	Operation Conforms to _____	No activity apparent since last inspection.
Restricted Access	Salvaging _____	
ing Restricted	Attendant _____	
Flow	On-Site Roads _____	
REQUIRED IN SL, TR, PP:		No further dumping nor any clean up started.
Equipment	Equipment Maintenance _____	
Protection	Dust & Odor Control _____	
House Material	Paper Confined _____	
Control	General Maintenance _____	
REQUIRED IN SL ONLY:		
Section of Ground	Period of Cover _____	
Surface Water	Cover Maintenance _____	
Refuse	Completion of Area _____	
Section	Surface Water Drainage _____	
REQUIRED IN TR AND PP ONLY:		
Construction	Building Enclosed _____	
Removal	Dumping Area _____	
Area	Daily Log _____	
REQUIRED IN TR, PP, AND CC:		
ing Around Facility		

Approved ☐ Not Approved Closed Illegal

Interviewed Nobody present Inspected By Michael Coughlin R.S.
7/22/81 Representing St Clair Co. Health Dept

Michigan Department of Natural Resources
Resource Recovery Division

Evaluation Report

Name of Disposal Facility Winchester Designated area
Location 3521 Petit Port Huron Twp St Clair
(Street Address) (City) (Township) (County)
Name of Operator Owner Winchester Address 4382 Wall
Property Owner Same Address _____
Municipalities from which refuse is received _____

Location: (Nearest Residence) _____ (Miles) (Feet)
Type of Facility: ☐ SL (Sanitary Landfill) ☐ PP (Processing Plant)
☐ TR (Transfer Facility) ☐ CC (Collection Center)
☒ Illegal Facility
() Indicates Compliance (X) Non-Compliance (-) Does not Apply

CHECKS REQUIRED IN ALL FACILITIES (SL, TR, PP, CC): <i>N/A</i>			REMARKS
Plan on File	_____	Operation Conforms to Plan	1. Fires and demolition material still on site 2. Site has not been cleaned to ONR specifications 3. Fence - gate has not been provided 4. Cover has not been provided for dumping area
Restricted Access	_____	Salvaging	
Warning Restricted	_____	Attendant	
Traffic Flow	_____	On-Site Roads	
CHECKS REQUIRED IN SL, TR, PP:			
Equipment	_____	Equipment Maintenance	<i>N/A</i>
Fire Protection	_____	Dust & Odor Control	
Hazardous Material	_____	Paper Confined	
Leakage Control	_____	General Maintenance	
CHECKS REQUIRED IN SL ONLY:			
Protection of Ground	_____	Period of Cover	<i>N/A</i>
Ground Surface Water	_____	Cover Maintenance	
Spreading Refuse	_____	Completion of Area	
Excavation	_____	Surface Water Drainage	
Volume	_____		
CHECKS REQUIRED IN TR AND PP ONLY:			
Container Construction	_____	Building Enclosed	<i>N/A</i>
Container Removal	_____	Dumping Area	
Storage Area	_____	Daily Log	
CHECKS REQUIRED IN TR, PP, AND CC:			
Sealing Around Facility	_____		

Approved ☒ Not Approved

Interviewed _____ Inspected By Ronald J. Miller
3-19-81 Representing St Clair County Health Dept

4-14

Name of Disposal Facility Winchester Sanitary Landfill

Location 3521 Pitt (Street Address) P.H. (City) P.H. (Township) St Clair (County)

Name of Operator Person Winchester Address 4382 Well

Property Owner Same Address _____

Municipalities from which refuse is received _____

Location: (Nearest Residence) _____ (Miles) (Feet)

Type of Facility: ☐ SL (Sanitary Landfill) ☐ PP (Processing Plant)

☐ TR (Transfer Facility) ☐ CC (Collection Center)

☒ Illegal Facility

☐ Indicates Compliance ☒ (X) Noncompliance ☐ (-) Does not Apply

REQUIREMENTS IN ALL FACILITIES (SL, TR, PP, CC):		REMARKS
Plan on File	Operation Conforms to Plan	<u>Grass and brush matted</u> <u>still at site. No change</u> <u>since last inspection.</u>
Restricted Access	Salvaging	
Warning Restricted	Attendant	
Traffic Flow	On-Site Roads	
REQUIREMENTS IN SL, TR, PP:		<u>Site has not been</u> <u>repaired.</u>
Equipment	Equipment Maintenance	
Fire Protection	Dust & Odor Control	
Hazardous Material	Paper Confined	
Leakage Control	General Maintenance	
REQUIREMENTS IN SL ONLY:		
Protection of Ground	Period of Cover	
and Surface Water	Cover Maintenance	
Leaking Refuse	Completion of Area	
Excavation	Surface Water Drainage	
in Volumes		
REQUIREMENTS IN TR AND PP ONLY:		
Container Construction	Building Enclosed	
Container Removal	Dumping Area	
Storage Area	Daily Log	
REQUIREMENTS IN TR, PP, AND CC:		
Sealing Around Facility		

Approved ☒ Not Approved

Interviewed 12-17-80

Inspected By Ronald J. Miller
Representing St Clair County

74-14

Name of Disposal Facility Winchester Disposal Area

Location 3521 Petit Port Huron St. Clair
(Street Address) (City) (Township) (County)

Name of Operator Conar Winchester Address 4382 Wall

Property Owner Same Address _____

Municipalities from which refuse is received _____

Isolation: (Nearest Residence) _____ (Miles) (Feet)

Type of Facility: ☒ SL (Sanitary Landfill) ☐ PP (Processing Plant)
☐ TR (Transfer Facility) ☐ CC (Collection Center)

☒ ILLEGAL FACILITY

(✓) Indicates Compliance (X) Noncompliance (-) Does not Apply

ITEMS REQUIRED IN ALL FACILITIES (SL, TR, PP, CC): NA
Plan on File _____ Operation Conforms to Plan _____
Restricted Access _____ Salvaging _____
Burning Restricted _____ Attendant _____
Traffic Flow _____ On-Site Roads _____

ITEMS REQUIRED IN SL, TR, PP: NA
Equipment _____ Equipment Maintenance _____
Fire Protection _____ Dust & Odor Control _____
Hazardous Material _____ Paper Confined _____
Vermin Control _____ General Maintenance _____

ITEMS REQUIRED IN SL ONLY: NA
Protection of Ground _____ Period of Cover _____
and Surface Water _____ Cover Maintenance _____
Spreading Refuse _____ Completion of Area _____
Compaction _____ Surface Water Drainage _____
Cell Volumes _____

ITEMS REQUIRED IN TR AND PP ONLY:
Container Construction _____ Building Enclosed _____
Container Removal _____ Dumping Area _____
Storage Area _____ Daily Log _____

ITEMS REQUIRED IN TR, PP, AND CC:
Screening Around Facility _____

REMARKS

NO apparent changes since last inspection.

Mr. Winchester is presently trying to get additional permits.

Enc. Remarks

☐ Approved ☒ Not Approved

Person Interviewed _____

Inspected By Michael J. [Signature]

Date 9/24/80

Representing St. Clair County

Name of Disposal Facility Winchester Disposal Area

Location Pettit Port Huron St. Clair
(Street Address) (City) (Township) (County)

Name of Operator Open Winchester Address 4382 Wendell Street

Property Owner Same Address _____

Municipalities from which refuse is received _____

Isolation: (Nearest Residence) _____ (Miles) (Feet) ILLEGAL FACILITY

Type of Facility: ☐ SL (Sanitary Landfill) ☐ PP (Processing Plant)

☐ TR (Transfer Facility) ☐ CC (Collection Center)

(✓) Indicates Compliance (X) Noncompliance (-) Does not Apply

ITEMS REQUIRED IN ALL FACILITIES (SL, TR, PP, CC):		REMARKS
Plan on File	Operation Conforms to Plan	There appears to be no change since last inspection. This still presents at site.
Restricted Access	Salvaging	
Burning Restricted	Attendant	
Traffic Flow	On-Site Roads	
ITEMS REQUIRED IN SL, TR, PP:		No apparent attempt to clean up. Will advise DNR enforcement agency again.
Equipment	Equipment Maintenance	
Fire Protection	Dust & Odor Control	
Hazardous Material	Paper Confined	
Vermin Control	General Maintenance	
ITEMS REQUIRED IN SL ONLY:		
Protection of Ground and Surface Water	Period of Cover	
Spreading Refuse	Cover Maintenance	
Compaction	Completion of Area	
Cell Volumes	Surface Water Drainage	
ITEMS REQUIRED IN TR AND PP ONLY:		
Container Construction	Building Enclosed	
Container Removal	Dumping Area	
Storage Area	Daily Log	
ITEMS REQUIRED IN TR, PP, AND CC:		
Screening Around Facility		

☐ Approved ☒ Not Approved

Person Interviewed Mr. Winchester

Inspected By Michael J. [Signature]

Date 8/27/70

Representing St. Clair County Health Dept

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74-14
st. clair county health departmen

108 McMORRAN BOULEVARD - PORT HURON, MICHIGAN 48060 - OFFICE 987-530

May 1, 1980

Mr. Oscar Winchester — FILE
4382 Wall Street
Port Huron, Michigan 48060

Dear Mr. Winchester:

Enclosed please find the report from an inspection made of your property located at 3521 Petit Street in Port Huron Township on April 30, 1980 by Ron Miller, St. Clair County Health Department. At the time of inspection the following items were found:

1. Tires and demolition material still on site - no change since last inspection.
2. Site has not been cleaned to DNR specifications.
3. Fence - gate not provided for entire site.
4. Cover not provided for dumping area.

This inspection revealed that no cover has been placed over all dumping areas, as required by result of the hearing conducted by Judge Turton. Since the June 30, 1979 deadline has expired, we are referring this case to the Environmental Enforcement Division for further action.

Sincerely,

ST. CLAIR COUNTY HEALTH DEPARTMENT
Jon B. Parsons, M.P.H.
Director, Health Officer

Ronald J. Miller
BY: Ronald J. Miller, R.S.
Sanitarian

RJM:db

cc: Tom Work
Jim Miller
Valarie Burgess ✓
Prosecuting Attorney's Office
Port Huron Township.

RECEIVED

MAY 5 1980

RESOURCE RECOVERY
S.E. MICHIGAN REGION
DIVISION OFFICE

Name of Disposal Facility Winchester Deposal Area
Location 3521 Petit St. (Street Address) P.H.T. (City) St. Clair (Township) (County)
Name of Operator Mr. Roger Winchester Address 4383 Wall St. P.H.
Property Owner _____ Address _____
Municipalities from which refuse is received _____

Isolation: (Nearest Residence) _____ (Miles) (Feet)
Type of Facility: ☒ SL (Sanitary Landfill) ☐ PP (Processing Plant)
☐ TR (Transfer Facility) ☐ CC (Collection Center)

(✓) Indicates Compliance (X) Noncompliance (-) Does not Apply

ITEMS REQUIRED IN ALL FACILITIES (SL, TR, PP, CC):		REMARKS
Plan on File _____	Operation Conforms to Plan _____	1. THERE HAS BEEN NO CHANGE SINCE LAST INSPECTION.
Restricted Access _____	Salvaging _____	TIRES, DEMO MATERIAL STILL ON SITE.
Burning Restricted _____	Attendant _____	2. SITE HAS NOT BEEN CLEANED TO OMR SPECIFICATIONS
Traffic Flow _____	On-Site Roads _____	3. ALL WASTE MATERIAL MUST BE CLEARED
ITEMS REQUIRED IN SL, TR, PP:		4. AS A RESULT OF LEGAL ACTION, COVER NEEDED OVER DUMPING AREA. <u>NOT</u> <u>DONE</u>
Equipment _____	Equipment Maintenance _____	5. FENCE - GATE NOT UP ON ENTIRE SITE.
Fire Protection _____	Dust & Odor Control _____	6. TALKED TO WORKER AT SITE - MR WINCHESTER WAS IN TEXAS AT TIME OF INSPECTION.
Hazardous Material _____	Paper Confined _____	
Vermin Control _____	General Maintenance _____	
ITEMS REQUIRED IN SL ONLY:		
Protection of Ground and Surface Water _____	Period of Cover _____	
Spreading Refuse _____	Cover Maintenance _____	
Compaction _____	Completion of Area _____	
Cell Volumes _____	Surface Water Drainage _____	
ITEMS REQUIRED IN TR AND PP ONLY:		
Container Construction _____	Building Enclosed _____	
Container Removal _____	Dumping Area _____	
Storage Area _____	Daily Log _____	
ITEMS REQUIRED IN TR, PP, AND CC:		
Screening Around Facility _____		

☐ Approved ☒ Not Approved

Person Interviewed _____ Inspected By Ron Miller
Date 4-30-80 Representing St Clair Co. Health Dept